

Syndromic Surveillance Summary:

Field Service, National Infection Service, Real-time Syndromic Surveillance.

27 November 2019.

Field Service | From local to global: combining expertise in epidemiology and microbiology to protect the population from public health threats.

Contact ReSST

Year: 2019 Week: 47

Summary.

Subscribe to the weekly syndromic surveillance email

Reporting week: 18 to 24 November 2019.

During week 47, syndromic indicators associated with seasonal influenza increased, particularly in the North of England and in children aged 5-14 years. Also, selected respiratory indicators continued to increase in the under 1 year age group, in line with seasonal increases in respiratory syncytial virus (RSV).

Remote Health Advice:

Access bulletin.

During week 47, NHS 111 cold/flu calls increased above the baseline threshold, indicating increasing seasonal influenza activity; increases were particularly noted in 5-14 years age group (figures 2c & 2d). There were also further increases in cough and difficulty breathing calls in young children aged under 15 years, in line with seasonal respiratory syncytial virus activity (figures 4a & 5a).

GP In Hours:

Access bulletin.

During week 47 national GP consultations for influenza-like illness (ILI) remained below baseline levels (figure 2c), however consultations increased above baseline thresholds in the North East, North West, and Yorkshire and Humber (figures 2b, 20 & 21). The greatest increases in ILI have been noted in the 5-14 years age group (figure 2a).

GP Out of Hours:

Access bulletin.

GP out-of-hours contacts for influenza-like illness increased during week 47 and have just reached the baseline threshold (figure 3a). Bronchitis/bronchiolitis contacts continued to increase in children aged under 1 year during week 47 (figure 4a), in line with increasing levels of respiratory syncytial virus circulating in the community.

Emergency Department:

During week 47 ED attendances for influenza-like-illness increased, with the highest rates in children aged 5-14 years (figures 7 & 7a).

Access bulletin.

Also, ED attendances for bronchiolitis showed a further increase in young children aged under 1 year in line with seasonal increases in respiratory syncytial virus activity (figure 6a).

Ambulance:

Access bulletin.

During week 47, difficulty breathing calls continued to increase in line with other surveillance system indicators that signify seasonal influenza and respiratory syncytial virus activity is increasing.



PHE Syndromic Surveillance Summary

27 November 2019

- Key messages are provided from each individual system.
- The different PHE syndromic surveillance systems access data from different areas of the national health care system.
- Each syndromic surveillance system is able to monitor a different selection of syndromic indicators based upon a different case mix of patients.
- Access to the full version of each syndromic surveillance bulletin is available through the PHE
 Syndromic Surveillance website found at: (https://www.gov.uk/government/collections/syndromic-surveillance-systems-and-analyses); reports are made available on Thursday afternoons.

Remote Health Advice Syndromic Surveillance System:

A remote health advice syndromic surveillance system that monitors syndromic calls from remote health advice services e.g. NHS 111 each day across England.

GP In-Hours Syndromic Surveillance System:

A large UK-based general practitioner surveillance system monitoring daily consultations for a range of clinical syndromic indicators.

GP Out-of-Hours Syndromic Surveillance System (GPOOHS):

A syndromic surveillance system monitoring daily GP out-of hours activity and unscheduled care across England using a range of clinical syndromic indicators.

Emergency Department Syndromic Surveillance System (EDSSS):

A national ED network across England monitoring daily attendances and presenting symptoms/diagnoses.

National Ambulance Syndromic Surveillance System (NASSS):

The national ambulance syndromic surveillance system (NASSS) monitors daily calls made by persons to an ambulance trust. All 10 ambulance trusts in England provide data.

We thank and acknowledge the contribution of all data providers including:

- NHS 111 and NHS Digital.
- QSurveillance[®]; University of Oxford; EMIS/EMIS practices; ClinRisk®.
- TPP, ResearchOne and participating SystmOne GP practices.
- Advanced Health & Care and the participating OOH service providers.
- Participating EDSSS emergency departments.
- Royal College of Emergency Medicine.
- North East, North West, Yorkshire, East Midlands, West Midlands, East of England, London, South East Coast, South Central, and South Western NHS Ambulance Trusts and The Association of Ambulance Chief Executives.

PHE Real-time Syndromic Surveillance Team.

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